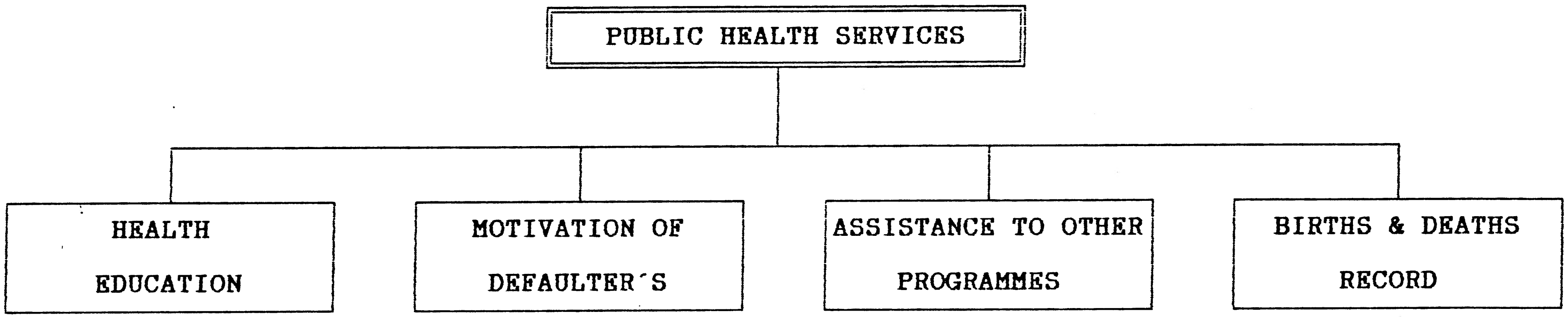

PUBLIC HEALTH SERVICES
HEALTH EDUCATION
MOTIVATION OF DEFAULTER´S
ASSISTANCE TO OTHER PROGRAMMES
BIRTHS & DEATHS RECORD

(FIG: 6)

The refugees in Haripur usually take their emergencies to the civil hospital or to the private hospitals in the nearby town.

PUBLIC HEALTH SERVICES

The activities of the Public health team include health education, motivation, location of defaulters, creating awareness among the people about certain health related problems etc.

The team is headed by a sanitarian with Community Health Supervisors and Community Health Workers as its support staff. A total of three public health teams are working in the camps.

Apart from the preventive health team, the public health team is also playing a very important role in creating awareness among the refugee population. Some of the specific activities of the public health team are as follows: (Also see Fig: 6)

1. HEALTH EDUCATION

The Public Health team personnel deal with the male population of the camps only. They are involved in teaching and educating the people to make them aware of different health problems faced by them and also the ways and means to prevent them from these dangers. They visit the houses, camps public places like mosques and shops and boys schools and educate them accordingly.

Similarly they are also looking after the environmental sanitation in the camps by helping people in the construction of proper pit and surface latrines and also educating them about their proper maintenance and use.

One of the important tasks of the public health team is to advise the people about the proper use of water from the lake, river and wells, because the use of contaminated water by the refugees has created many health problems, especially gastro-intestinal diseases.

They also visit the shops in the camps and give advice to the shopkeepers selling edible foods to prevent their merchandise from flies and dust and always sell fresh and clean food items.

2. MOTIVATION OF DEFAULTER'S

The Public Health team also assists the curative and preventive health teams in implementing and carrying out some of their programmes by locating and motivating defaulters who are registered in different clinics (e.g T.B, Malaria, Ante-Natal, Under Two and E.P.I) but fail to come on a regular basis as required by the schedule of that clinic, which makes their treatment irregular and therefore less effective.

Thus all these defaulters are located on the instructions of the relevant team leaders and are convinced to complete their full course of treatment. This ensures that the patient is fully cured and does not cause problems for other people.

All these defaulters are followed up on a regular basis.

3. ASSISTANCE

This team (Public Health) is also of great help and assistance to other teams namely the Preventive and Curative because they provide various assistance and support while undertaking any special task or programmes like mass immunizations programmes for women and children, malaria spray campaign in the camps, carrying out different surveys, chlorination of water wells and location of disabled people in the camps etc.

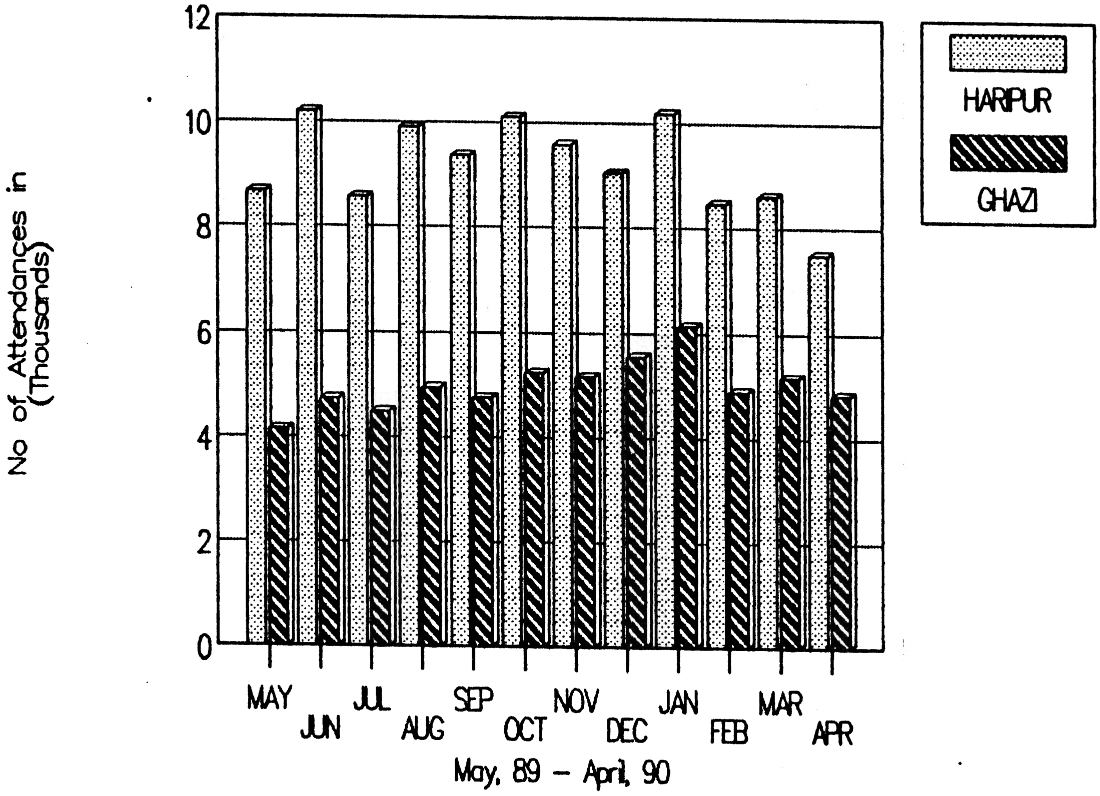
They also assist in spreading different messages among the camp people.

4. BIRTHS AND DEATHS RECORD

The Public Health team also collects monthly figures on births and deaths in the camps and if possible, the causes of deaths are also recorded. This record helps the medical teams to cross check the births and deaths with their own records.

THE SALVATION ARMY
Afghan Refugee Assistance Project
PAKISTAN

Attendances At B.H.U's.



(FIG: 7)

STATUS REPORT

BASIC MEDICAL PROGRAM

In order to accomplish the above mentioned objectives, some targets were set for the Preventive, Curative and the Public health teams for achievement during the reporting period.

Previously these achievements were reported in the Status Report, separately for Ghazi and Haripur medical programme. But from now on all the achievements at Ghazi and Haripur will be reported together. Anyone interested in individual reports on Ghazi or Haripur can contact Peshawar office and these will be happily provided.

The achievements during the reporting period are as follows:

ACHIEVEMENTS - CURATIVE HEALTH

* Through out patient general clinics, 6 days a week, a total of 170166 patient visits were recorded at the B.H.Us. An average of 2363 patient visits per B.H.U per month were recorded.

  The visits comprised 18.19% men, 35.73% women, 23.65% children under 4 years of age and 22.43% children between the age of 5 and 14 years.

  Almost 78.26% or 133183 of the total patient visits were due to the following 10 major illnesses during the period.

  Illnesses

	Illnesses	%
1.	Upper Respiratory Tract Infection	22.83%
2.	Other Gastric Problems	8.85%
3.	Fever (P.U.O)	8.27%
4.	Skin Diseases	8.07%
5.	Psychosomatic Illness	7.71%
6.	Obstetric	6.31%
7.	Diarrhoea	4.75%
8.	Dysentery	4.45%
9.	Other (infectious diseases)	3.94%
10.	Worms	3.80%
	Total	77.47%

(For further details see Medical Statistics - Annex II and Also see Fig: 7 for attendances at BHU's)

* A total of 1436 patients from Ghazi and Haripur camps were referred to the Government Hospitals for investigations and or specialized treatment as it was not possible for the medical teams to provide them the required treatment in the BHU's.

* On the request of the B.H.U medical officers, a total of 26318 specimens were examined in the field laboratories at Ghazi and Haripur camps, in order to assist the medical officers in the diagnosis and treatment of the patients. Out of the total specimens 3564 were found positive. The specimens positivity rate was 13.54%.

  76.10% of the total specimens examined were blood samples for malaria and 10.81% were sputum samples for Tuberculosis.

  (For more information see laboratory statistics - Annex III)

* During the reporting period,90.50% of the 200 registered T.B patients were receiving their anti-tuberculosis treatment on a regular basis.

  A total of 84 new T.B patients were registered and commenced anti-tuberculosis treatment after being investigated by the concerned medical officers, during the reporting period.

  At the end of the reporting period, 204 T.B patients completed their treatment.

  (For details see T.B statistics - Annex IV).

* 100% of the reported Malaria Positive cases received complete anti-malarial treatment. Out of the total of 20029 slides collected for the investigation of Malaria, 2231 or 11.14% were found positive.

* The Malaria Supervisors also collected 2845 Sputum samples from 1053 T.B confirmed / suspected patients on the advice of BHU medical officers in order to investigate the new cases and find out the response to the treatment, of old cases.

  Of these samples, 151 slides or 54 patients were found to have positive Active Fast Bacilli (AFB).

  (For more details see malaria supervisors report - Annex V).

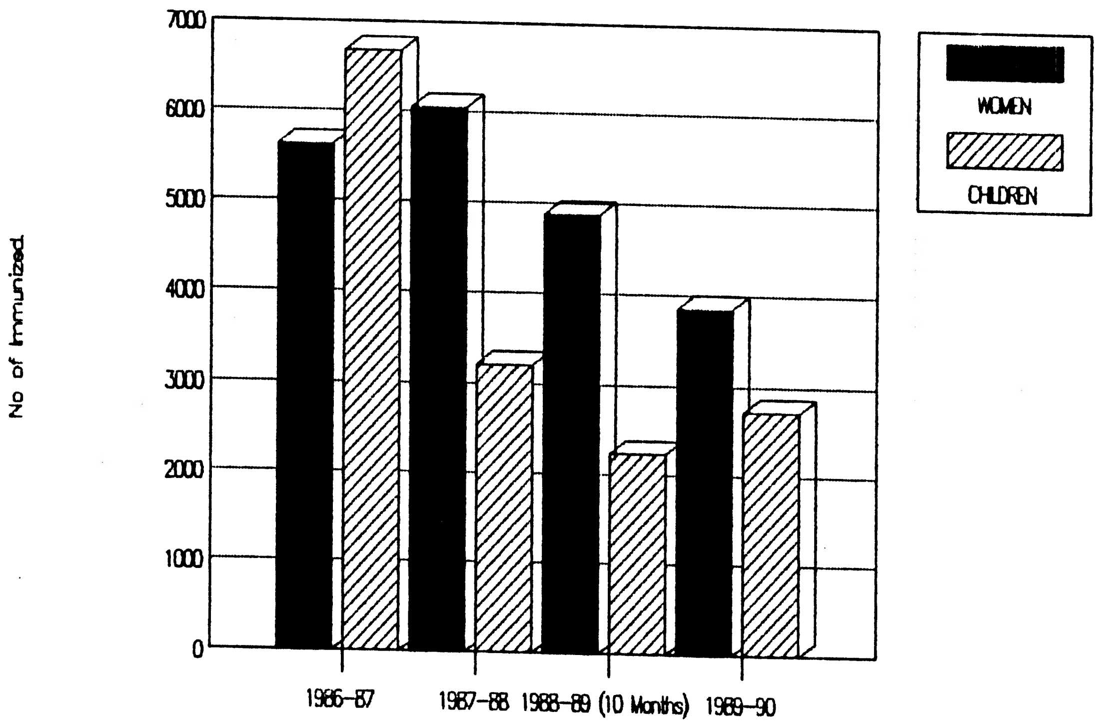
* After duty hours, emergency medical cover was provided to a total of 796 patients in the Ghazi camps.

THE SALVATION ARMY

Afghan Refugee Assistance Project

PAKISTAN

Completely Immunized Women & Children.



(FIG: 8)

ACHIEVEMENTS - PREVENTIVE HEALTH

* In Ghazi and Haripur camps 98.18% of the pregnant women who registered at the Ante Natal clinic, continued to avail themselves of the services being provided in the Ante Natal clinics during the reporting period. *

* Out of the total of 2215 births recorded, 1462 or 66% of the deliveries were assisted by the staff or the T.B.As (Traditional Birth Attendants) trained by the project.*

  (* * For more information see Preventive Health Team (Ante Natal Clinic) statistics - Annex VI).

* Out of the total of 2554 under two children registered in the respective clinics, 13770 attendances were recorded at Ghazi and Haripur B.H.U's. The visit per child to the Under Two clinic recorded was 5.39 times during the reporting period.*

* The percentage of malnourished children recorded at the end of the period was 30.38%, this includes 1st degree, 2nd degree and 3rd degree malnourished cases.*

  (* * For more information see preventive health team (Under fives Clinic) statistics - Annex VII).

* Out of the total under five population 14346 attendances were recorded by the vaccinators for immunizations, during the reporting period.*

  The immunizations completion rate recorded among the children during the reporting period was 18.93%. This figure refers to only those children who were fully immunized against six major diseases, namely, Polio, Tuberculosis, Measles, Whooping cough, Tetanus and Diphtheria.*

* The total attendances of Child Bearing Age (CBA) women recorded by the vaccinators was 10208. Out of this 3853 or 37.74% were fully immunized against Tetanus.*

  (* * For more information see E.P.I completion and E.P.I Immunizations status report - Annexes VIII and IX respectively. Also see Fig: 8 for completely immunized women and children's comparison with previous years).

* The preventive health team personnel contacted a total of 10786 children through 290 school visits for the purpose of imparting health education / information about personal hygiene and prevention of different communicable diseases.*

* Health lectures were also given to a total of 162332 attendants at the B.H.U's, while waiting for their turn to be seen by the Medical Officers.*

* Through camp visits, preventive health team personnel were able to contact 41784 women, 4594 Ante - Natal and 4100 Post - Natal cases and provided them with information about better health, hygiene, nutrition and also about the available health facilities in the B.H.U's.*

(* * * for more details see preventive health team (underfives clinic) statistics - Annex VII).

* A total of three T.B.A trainees were under training during the reporting period. This training assists them in using aseptic methods while conducting / Assisting with deliveries in the camps. This training is being given by the Female Medical Officer and the Lady Health Visitors at Haripur camps.

<u>ACHIEVEMENTS - PUBLIC HEALTH</u>

* In schools, the public health team personnel contacted a total of 51555 children through 986 visits in order to educate them about personal hygiene and prevention against common diseases.*

* Through camp visits, a total of 71937 people were contacted for the purpose of imparting health education, prevention of communicable diseases and environmental sanitation. *

* Also at the B.H.U's a total 84054 patients, waiting to see the doctor, received 1087 lectures giving information about some common diseases, their prevention and also about the proper treatment of different diseases.*

(* * * For more information see public health team statistics - Annex X).

* While motivating the people in the camps, public health team referred 39611 under five children for vaccination.*

They also motivated and referred 940 Malaria positive cases for radical treatment.*

(* * See public health team statistics - Annex X).

* In order to improve the camp sanitation, the public health team carried out inspection visits of pit latrines, water tanks and water taps at Ghazi and Haripur camps and advised the people about their proper use, maintenance and construction.

  Each pit latrines was inspected 9.67 times, each water tank was inspected 12.36 times and each water tap was inspected 17 times, during the reporting period.*

* To help the curative and preventive health teams in implementing their programmes, the public health team also assisted in locating the T.B and Vaccination defaulters.

  During the reporting period they were able to locate and motivate 18 T.B defaulters and 2943 vaccination defaulters.*

  (* * See public health team statistics - Annex X).

* 2382 visits to the shops selling edible food and 194 visits to the butchers shops in the camps were recorded by the public health team who advised them to sell fresh food items and also to protect their edibles from insects and dust.*

* 2626 shallow wells were inspected and chlorinated. The chlorine bags were provided by the Danish Committee for Aid to Afghan Refugees (DACAAR). DACAAR is implementing water supply projects for the Afghan Refugees.*

* A total of 210 suspected T.B patients were referred to the B.H.U's for sputum examination.*

* Public health team assisted and helped people in closing 153 water ditches / ponds so as to decrease the breeding of mosquitoes, in Haripur camps.*

* They (Public Health Team) also assisted the Malaria Supervisors in malaria spray campaign carried out during the reporting period.

* The total births recorded during the reporting period at Ghazi and Haripur camps was 1356.*

* Also the total deaths recorded at Ghazi and Haripur camps was 203. Among the dead 57.14% were children under the age of five years and 42.86% were adults.*

(* . . * For more details see public health team statistics - Annex X).

SECTION III

ADMINISTRATION AND FINANCE

ADMINISTRATION

As mentioned earlier, Peshawar main office is responsible for overall administration of the project. It is also providing administration and logistic support to the field offices in the camps. All the progress and financial reports on programmes are sent to the respective donors regularly by this office.

Monthly Programme Officers Meeting were held in Peshawar in which a variety of matters pertaining to the project were discussed. Additional planning meetings were also held with the Director to discuss specific matters.

Once every three months the Territorial Commander chaired a Quarterly Board Meeting in Peshawar where he was updated on the previous three months activities and plans were made for the following three months.

Also once every three months the Financial Secretary from the Territorial Headquarters audited the Project accounts.

Besides these administrative meetings, much emphasis was also made during the project period to train the project staff at all levels so that their services can be properly utilized for the benefit of the programme.

One of the important training programmes initiated during the concluded period was the training of para medical staff of the BHU in other disciplines such as, Malaria Supervisor, E.P.I Vaccinator and Nursing Assistant. This training was imparted by the Programme Officer Medical Services Ghazi and Haripur and the BHU Medical Officers

The mid level administration staff and the project management also attended different management courses being arranged by Pakistan Institute of Management and other Voluntary agencies.

Some administrative changes have also been brought about in the project, elevating the Administrative Assistants to Assistant to Programme Officers, giving them more responsibilities. This suggested change has been approved by the Quarterly Board and would be effective from 1st May,1990 during the PD - 734 (III) project.

Another achievement during the period was preparation of pay scales for the project staff. This was achieved after in-depth discussions among the Project Management. This will also be implemented during PD - 734 (III).

The Manager Administration in consultation with the Director reviewed all the existing project policies and after consultations with other programme officers, changed and or revised all the policies. These will also be effective from 1st May,1990.

FINANCIAL NARRATIVE

As already mentioned earlier, sincere thanks are extended to the U.S. State Department Bureau for Refugee Programmes for their continued funding of this project.

As mentioned in the 1st Interim Report, the Project Expenditure Board which was constituted to streamline all the expenses on the project, continues to meet regularly in Peshawar every Wednesday.

This is helping the Project Accountant in the control and planning of the income and the expenditure on the project, and assisting the Programme Officers in ensuring that funds are utilised according to the individual budget line items. It assists in the monitoring of the expenditure and in co-ordination of the various finances on the projects e.g. salary scales, staff benefits etc.

During this project year, many changes have occurred in the Finance Department of the Peshawar Office.

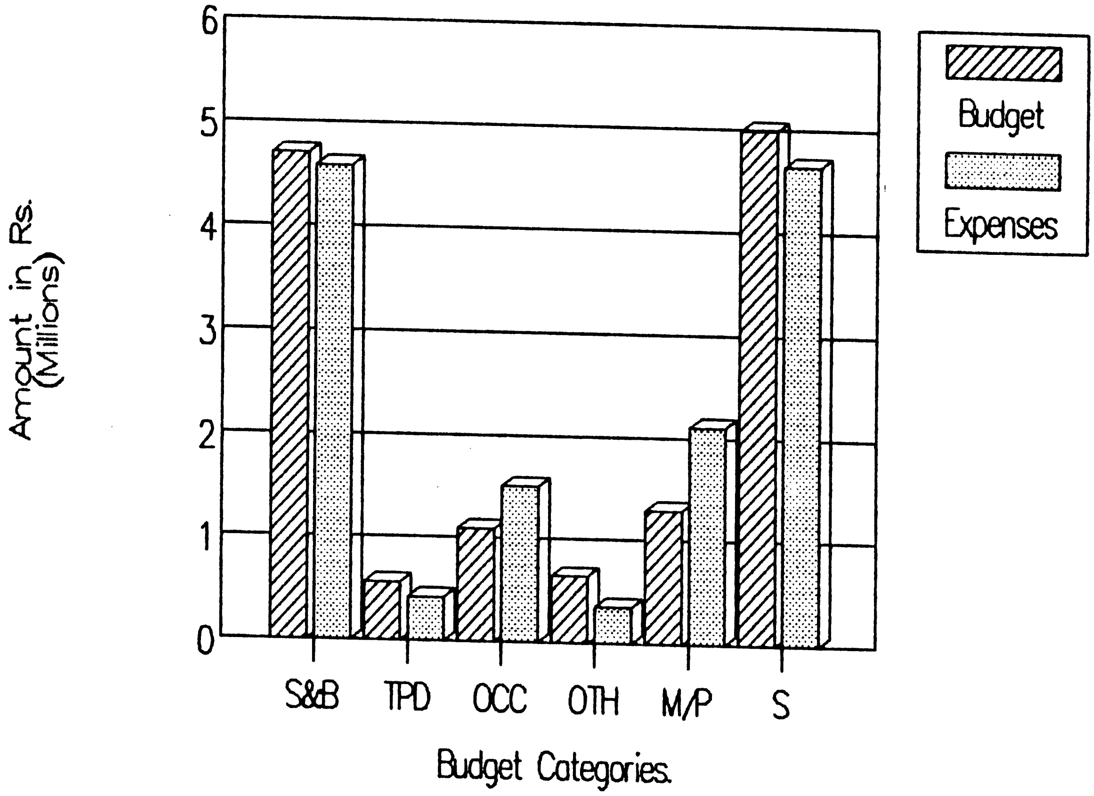
Sadly we said farewell in October to Mrs.G.Biland who had ably been managing the financial matters for many years. Thank you for your excellent work and friendship.

The Project Accountant, Mr. Abid Shehzad, joined the project in early November together with a new assistant who joined in December.

THE SALVATION ARMY
Afghan Refugee Assistance Project
PAKISTAN

PROJECT PD 734 (II)

Period 1st May, 1989 - 30th April, 1990



(FIG: 9)

S & B - Salaries & Benefits
T P D - Travel Per Diem
O C C - Occupancy
O T H - Others
M / P - Maintenance Purchases
S - Supplies

Due to the increasing difficulties being experienced in securing funding for work with the Afghans and due to increased levels of financial accountability being requested both by donors and The Salvation Army, new systems have been developed.

Further, due to the increase in the number of project donors, more emphasis is now being placed on using computer generated reports and studies are being conducted into the securing of a relevant computer financial package.

The project staff are happy to advise that, with careful savings, most of the exchange rate gain of the US $ against the Pakistan Rupee has been able to be returned to the donor.

Attached in Annex XI are the forms now in use in the Finance Department, together with a sample Monthly Analysis Sheet to assist in the Management Accounting function.

As can be seen from Fig. 9, the expenditure in two categories was more than the budget but with savings in other categories, and due to some use of exchange rate fluctuations, no funds were requested from the donor. In fact some excess funds due to the exchange rate fluctuations were happily returned to the donor.

Reasons for the over expenditure in certain line items are as follows:-

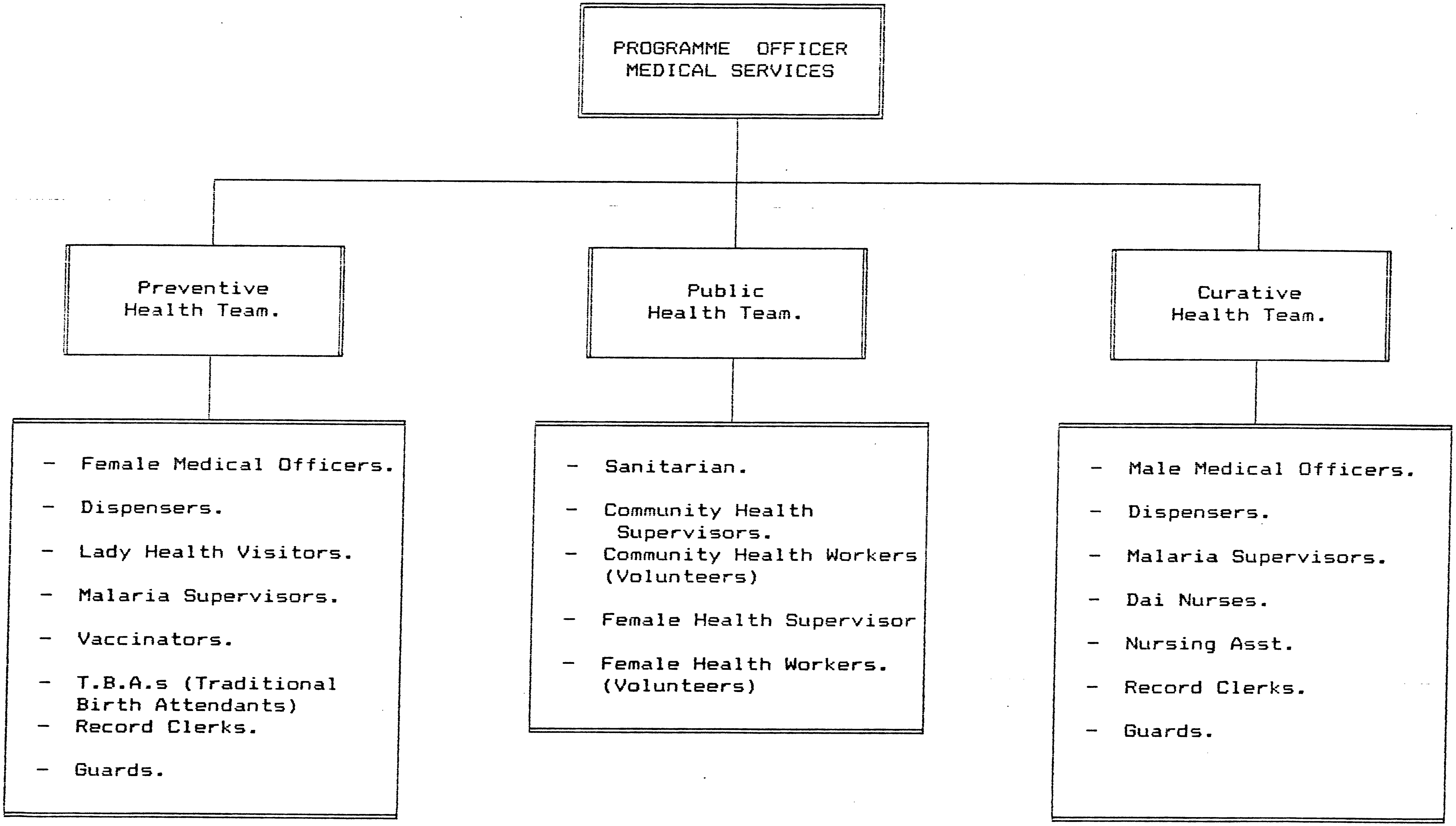
a) OCCUPANCY:

This is due to the general trend in Peshawar as landlords increase rents ruthlessly and also demand payments in advance.

b) MAINTENANCE / PURCHASES:

In the final report for Project PD - 734(I) dated September 1989, it can be seen that this category was then overspent.

Reference was also made to "major repairs ...... being effected in the next project". This was done and became even more necessary due to the age of the vehicles. Although the donor has kindly agreed for the purchase of new vehicles, these having been paid for in September 1989, at the date of this report they still have not been received by the project due to Government of Pakistan restrictions. It is hoped these will be received no later than end July 1990. This delay caused further expenses on old vehicles for repairs, together with the cost of sundry parts.


PROGRAMME OFFICER
MEDICAL SERVICES
Preventive
Health Team.
- Female Medical Officers.
- Dispensers.
- Lady Health Visitors.
- Malaria Supervisors.
- Vaccinators.
- T.B.A.s (Traditional Birth Attendants)
- Record Clerks.
- Guards.
Public
Health Team.
- Sanitarian.
- Community Health Supervisors.
- Community Health Workers (Volunteers)
- Female Health Supervisor
- Female Health Workers. (Volunteers)
Curative
Health Team.
- Male Medical Officers.
- Dispensers.
- Malaria Supervisors.
- Dai Nurses.
- Nursing Asst.
- Record Clerks.
- Guards.

(Fig: 3)

SECTION II

BASIC MEDICAL PROGRAMME OPERATIONAL DETAILS

INTRODUCTION

The basic medical programme commenced with the inception of the project in August 1982 in Ghazi refugee camps.

In the beginning there were only two basic health units but four more B.H.U's were later added in Haripur camps, thus bringing the total number of B.H.U's to six. All these B.H.U's were established at the request of Project Director Health for Afghan Refugees, N.W.F.P, who is responsible for providing health facilities to the Afghan Refugees residing in the N.W.F.P.

Through these basic health units, the project is providing a variety of services to the refugees. These services could be divided into Preventive Health, Curative Health and Public Health Services.

At the commencement of the project, only curative health facilities were provided but it was soon realized that the number of patients visiting the B.H.U's was increasing. After realizing this fact efforts were made to find out the reasons for the increase in the illnesses and it was found that most of the patients suffered from common communicable diseases which could be easily prevented by adopting certain preventive measures and most of the time women and children were most affected. It was then realized that curative facilities will not bear any fruit unless something is done to prevent these diseases from occurring by creating awareness among the refugees especially the women and children.

This realization encouraged the project management to reconsider their current programmes of curative health and work more vigorously to evolve plans and strategies to start preventive health programmes in order to cope with the challenge of communicable diseases.

Major savings were made in Travel / Per Diem and other categories, the latter being less costs for repair at the BHUs.

Attached in Annex XII are details of the expenditures but further details can be received from this office on request.

Finally, sincere thanks are once again given for this funding and also for the funding of the new project until 30th April 1991.

SECTION IV

FUTURE PLANNING

1. WORK INSIDE AFGHANISTAN

As mentioned in the previous report, The Salvation Army had plans to go cross border and work inside Afghanistan but due to the lack of a settlement in Afghanistan, it has been decided by the project management not to process this idea further at present.

Instead, The Salvation Army is now looking at the possibility of creating an Afghan Non-Governmental Organisation (ANGO) headed by senior Afghan Programme Officers now working with the project.

It is hoped that this Afghan NGO could be launched sometime at the beginning of 1991.

The idea behind creating an Afghan NGO is to prepare the Afghans for the long term construction and rebuilding of their country. There is a felt need within the Peshawar community to develop Afghan NGOs and Afghan Managers who can then take responsibility in future for these programmes.

2. INTEGRATION OF PROGRAMMES

Also mentioned in the previous report was the plans to integrate the Basic Medical and Community Health Education Programmes and give birth to a Primary Health Care Programme.

Initially, discussions were held to chalk out the mechanisms to start this process and an agreement was reached by the Project Management to conduct a thorough survey in the camps to find out the strong and weak points in the programme.

The actual survey commenced in the camp from 26th September and concluded on 2nd November, 1989.

Mr.Derek and Mrs.Ruth Jackson who happened to be with the project, on behalf of their organisation i.e VSO (Voluntary Services Overseas) on a temporary basis were given the responsibility to conduct this survey.

The results of this survey were distributed among the Project Management and also copies were sent to SAWSO for their information and possible assistance.

After the survey results, discussions were held between the Director, Programme Officer Medical Services Ghazi and Haripur, Mr. and Mrs.Derek Jackson and Manager Administration to plan a strategy to implement the suggested changes in the programme.

The discussions on the survey report commenced in January 1990 and continued up to 30th May,1990 at different levels i.e BHU staff, Medical Officers, Community Health Supervisors, Sanitarians and Programme Officers Medical Services planning ways and means to implement the suggestions.

During the same time, some of the suggested changes were made to the programme e.g In order to reduce emphasis on curative medicine, the medicines list of the BHU's was reduced from 103 medicines to 79, excluding the T.B medicines, Also the C.H.W's medicine list was curtailed by 4 medicines. (Attached in Annex XIII is the revised medicines list) Intra Venous Therapy was practically banned unless it is life saving and the distribution of supplementary foods was discontinued all helping in cutting down the expenditure on drugs.

The feedback from the field on these adopted changes was also reviewed in detail and some minor changes were made where the staff were facing some difficulty.

This will be of much interest to our readers to note that the project management now has been able to integrate the Basic Medical and Community Health Education programmes, this being the next step in the development of a Primary Health Care Programme.

In the light of these changes, some of the specific objectives of Medical Programme, Ante Natal Clinics, Under Two Clinics, Immunization Programme, T.B Control Programme, Malaria Control Programme and Community Health Education Programme have also been changed.

Likewise some of the monthly reporting / statistics forms have also been changed to avoid the duplication and clear understanding on the part of BHU staff while reporting on monthly accomplishments.

It is hoped that during the next project period all the suggested changes would be fully implemented giving more importance to preventive medicine and health education with active participation of the community.

It is also hoped that by the end of next funding period i.e April,1991 the project would be able to further cut down its costs on medicines and other related expenditures.

REFUGEE SITUATION

The largest refugee population in the world is still Afghans. In Pakistan and Iran some five million Afghans have sought shelter during the last decade. On February 15,1989, Soviet troops withdrew from Afghanistan, raising the expectation that significant numbers of refugees living in Pakistan would return. Instead a continuing influx of new refugees into the camps in Pakistan has offset the small trickle of refugees returning to Afghanistan.

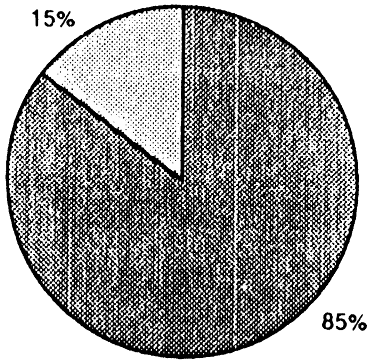
CURRENT STATUS INSIDE AFGHANISTAN

War continues inside Afghanistan. The resistance continues to battle the communist government for control of the countryside. Economic instability brought on by ten years of systematic destruction of the agriculture of Afghanistan continues to create hardships for Afghans living in the rural areas. Farmers in some resistance controlled areas cannot afford high food prices and are threatened with relocation or starvation. Residents of Kabul and the government-controlled provincial capitals, on the other hand, are sometimes prevented from obtaining wheat from the resistance-controlled areas of the countryside.

CURRENT REFUGEE STATUS

Refugees, who have endured the hardships of the refugee camps for up to ten years, are reluctant to leave their fragile resources inside the camps to face precarious political and economic conditions back in their home land. Families fear the continued threat of bombardments and confrontation by militias.

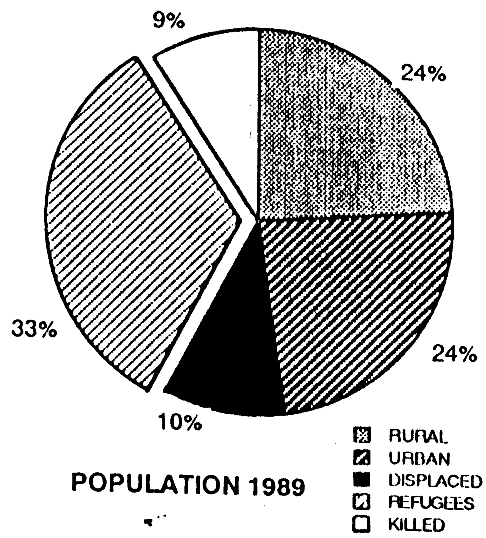
The refugee population is predominantly made up of illiterate farm families with no employment skills. Children comprise 48 percent of the refugee population,



POPULATION 1979

woman another 28 percent and men 24 percent. There is a generally high illiteracy rate, roughly 86 percent despite the literacy programs available in some camps. Observers note that this refugee population as a whole is becoming disheartened and discouraged while living conditions in the refugee villages continue to decline.

The numbers of refugees who have returned to Afghanistan from Pakistan and Iran are very small. In the past year, in fact, a continuing influx of new refugees into the camps in Pakistan (60,000) and Iran (22,000) has offset the small trickle of refugees returning to Afghanistan. The only sizable numbers of returnees have left from Baluchistan, where an estimated 30,000-50,000 refugees have returned home. Still, this figure represents only .014 percent of the total refugee population. Bigger numbers of seasonal returning farmers go back to their land to prepare the grounds for reconstruction. They re-



POPULATION 1989

turn to Pakistan in the winter. The Agricultural Survey of Afghanistan is currently carrying out a survey investigating the extent of seasonal return of refugees.

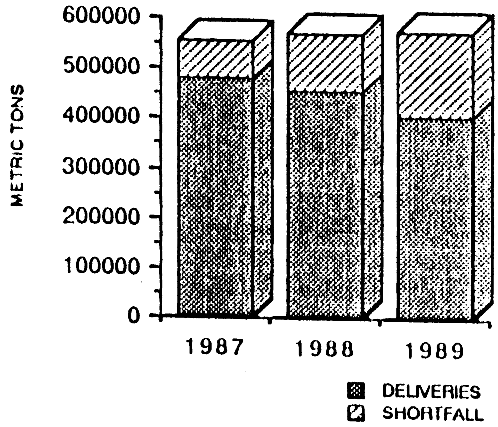
CURRENT BUDGET STATUS

Cutbacks by major funding sources threaten to leave the Afghan refugees without the support they need during the coming year. The following list itemizes some of the most significant reductions:

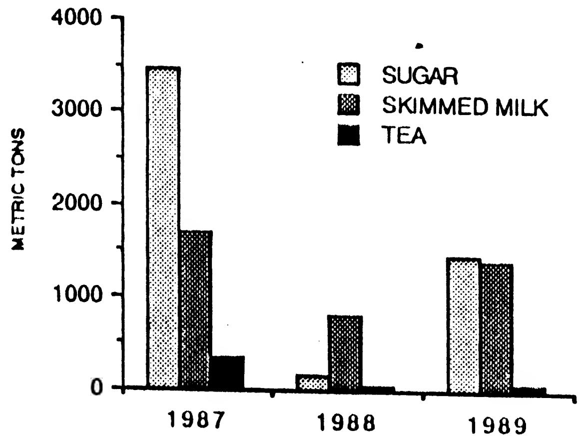
- To date, in the current calendar year, only 341,000 metric tons of wheat have been pledged to WFP to feed the refugees. Based on an annual estimated need of 60,200 metric tons, this will create a potential shortfall of 26,000 metric tons of wheat.

- The 1990 budget for the United Nations High Commissioner for Refugees(UNHCR) has declined over the past three years from $43 million in 1988 to $33 million in 1990.

SHORTFALL WHEAT DONATIONS



DISTRIBUTION COMMODITIES IN NWFP



- The 1990 budget for the Bureau of Refugee Programs (BRP) of the American Government has been cut 19%, from $370 million to $300 million.

- The NGOs which supply the unregistered refugees, numbering approximately half a million persons, are in doubt about their ability to sustain emergency help in the form of wheat and water. Many NGOs are facing 1990 budget cuts.

- The Government of Pakistan (GOP) is assuming an ever-increasing burden in hosting the refugees. The GOP donates approximately 150,000 metric tons of wheat from its own stores to the refugees every year, to balance the WFP's annual shortfall.

Given their reality the refugees are not returning as anticipated, the cutbacks in funding contribute to potentially explosive conditions within the current year.

ASSISTANCE

The Afghan refugees, despite living in difficult conditions in the camps, have benefited in certain ways by the attentions of the NGOs and major donors. For example, the infant mortality rate in some refugee camps has been lowered by half from what it was in Afghanistan prior to the war . Immunizations have dramatically increased during the last ten years, improving refugees' chances of longer and healthier lives. Many children and adults living in the camps have received basic literacy and numeracy training which they might otherwise not have received.

As a consequence, the refugees have a higher level of expectations for their lives which contributes to their unwillingness to depart from the security of the camps for conditions they know to be less stable and much less secure.

SUMMARY

Despite some gains in health and education, life in the refugee camps is grim with no hope for improvement in the coming year. Budget cuts threaten to decrease the existing rations available to registered refugees. Unregistered refugees are dependent on food and water from NGOs which themselves are facing budget cuts. The continued war and economic instability prevent any sizable return and observers agree present conditions will prevail for the next two to five years at a minimum.

Nature of Sickness	Men	Women	Children		Total
			0-4 Years	5-14 Years	
Obstetric	-	10743	-	-	10743
Gynaecological	-	3739	-	-	3739
Dental	139	261	2	104	506
Psychosomatic illness	3564	8822	16	715	13117
Other (Specify if notifiable) infections disease. goitre i.e.)	1951	3521	488	746	6706
Jaundice	75	36	32	86	229
Mumps	4	3	13	58	78
Typhoid	38	49	1	41	129
Chicken Pox	-	-	1	8	9
Measles	-	-	4	2	6
Rabies	-	-	-	1	1
Meningtis	-	1	1	-	2
Polio	-	-	-	2	2
TOTAL	30961	60792	40246	38167	170166

No. of referrals = 1436

Staff:

Medical Officer: 6 LHV: 11 Compounder/Dispenser: 6 Dai: 4

Malaria Supervisor/ Sanitary Inspector: 6/3 Vacinator/ Motivator: 7 Nursing Orderly: 3 Other 14

Traditional Birth Attendant (TBA) 7 Community Health Worker (CHW): 357 TBA trainee/ CHW trainee: 2

Ambulance: 1 Other vehicles (specify) 4 Pajero Wagons, 2 Toyota Pickups, 1 Ford Transit

Date

3-A

Programme Officer

THE SALVATION ARMY
AFGHAN REFUGEE ASSISTANCE PROJECT

MEDICAL STATISTICS

Province N.W.F.P. District/Agency: Abbottabad

RV: Ghazi & Haripur BHU: 1,2,3,4,5 & 6. MONTH: May 89-April 90.

Organization: The Salvation Army, Afghan Refugee Assistance Project, Ghazi & Haripur.

Nature of Sickness	Men	Women	Children		Total
			0-4 Years	5-14 Years	
Eye infection	906	944	1130	1375	4355
Ear infection	347	472	1295	1180	3294
Upper respiratory infection	7506	7572	12164	11600	38842
Bronchitis	1220	2520	247	616	4603
T.B. suspected	340	985	59	542	1926
T.B. confirmed	193	500	342	28	1063
Diarrhoea	791	675	4196	2423	8085
Dysentery	1083	1234	2974	2280	7571
Worms	559	628	1426	2636	5249
Other gastric problem	3531	6407	2836	2279	15053
Urinary tract	1724	1365	107	505	3701
Nervous system	205	94	7	11	317
Joint/Bones	1019	1060	230	94	2403
Skin disease	2876	3078	2953	4830	13737
Malaria	332	173	247	325	1077
Fever (P.U.O.)	1865	4095	3162	4958	14080
Anaemia	693	1815	368	721	3597
Malnutrition: 1st Degree	–	–	2505	1	2506
2nd Degree	–	–	1930	–	1930
3rd Degree		–	1510	–	1510

Turn over please

The Salvation Army Afghan Refugee Assistance Project

LABORATORY STATISTICS

Project PD 734(II) Period 1st May, 89 - 30th April, 90.

S.No.	Specimen	Test Requested	Normal/-Ve	Abnormal/+Ve	Total
1.	BLOOD	i) T.L.C.+D.L.C.	402	166	568
		ii) E.S.R.	63	63	126
		iii) Hb%	68	101	169
		iv) Widal	266	83	349
		v) M.P.	17798	2231	20029
		vi) Sugar	8	1	9
		vii) Grouping/Rh Factor	12	-	12
		viii) V.D.R.L.	-	-	-
		TOTAL	18617	2645	21262
2.	URINE	i) R.E.	339	334	673
		ii) Sugar	185	14	199
		iii) Urobilinogin	84	4	88
		vi) Albumin	106	238	344
		TOTAL	714	590	1304
3.	SPUTUM	A.F.B.	2693	153	2846
4.	STOOL	Routine Exam :	87	45	132
		i) R. Worm	73	13	86
		i.) H. Worm	80	14	94
		iii) T. Worm	83	-	83
		iv) W. Worm	83	-	83
		v) H. Nana	80	6	86
		vi) E. Histolytica	67	24	91
		vii) Occult Blood	83	-	83
		TOTAL	636	102	738
5.	ANY OTHER	i) Giardia	38	12	50
		ii) Pregnancy	54	54	108
		iii) Semen	2	8	10
		G. Total	22754	3564	26318

Remarks :-

Checked by ....

Date :-

SA 4a.

Lab Incharge ....

Date :-

TB CONTROL PROGRAM - AFGHAN REFUGEES
PAKISTAN GOVT / UNHCR / WHO / ITALIAN COOPERATION FOR DEVELOPMENT

BHU: 1,2,3,4,5 & 6. PERIOD: 1st May,90-30th April, 90.

DISTRICT: ABBOTTABAD AGENCY: S.A.A.R.A.P. YEAR: 1989 - 90.

A. CASE-FINDING ACTIVITIES BY MICROSCOPIC EXAMINATION

Type of Patients \ Microscopy	Number of slides examined	Number of slides found positive	Number of Patients examined	Number of Patients found positive
New attendants of the clinic	2082	89	841	33
Under treatment (old patients)	583	62	212	21
Total	2845	151	1053	54

B. TREATMENT ACTIVITIES

Cases \ Type of the Disease		No. of Pulmonary (P) cases			No. of Extra-Pulmonary cases (EP)
		Smear* Positive	Smear Negative	Total	
(a)	Under treatment at the end of previous month	31	21	52	54
(b) Input	New cases registered during this month	29	19	48	36
	Starting again during this month after being lost	1	2	3	-
	Transferred in during this month	-	1	1	6
(c)	Total input = (a) + (b)	61	43	104	96
Output	Completing the treatment during this month *	43	41	84	93
	Died during this month	4	4	8	5
	Transferred out during this month	3	1	4	1
	Lost during this month	3	1	4	5
(d)	Total output	53	47	100	104
(e)	Under treatment at the end of this month = (c)—(d)	8	4	4	8

Note: Please, indicate the number of defaulters during this month .... P: (+) 9, (—) 1; EP: 9 — 19

* Smear - positive in this column shall refer to patients whose sputa were positive at the start of treatment.

THE SALVATION ARMY

AFGHAN REFUGEE ASSISTANCE PROJECT

MALARIA SUPERVISORS

REPORT

REPORTING PERIOD: 1st May, 89 - 30th April, 90. BHU No: 1,2,3,4,5 & 6 R.V GHAZI HARIPUR PD 734 (II)

A. Malaria Control Activities

Total Slides Collected	Positive Cases				Negative Cases	Cases Teated	Un Teated	Remarks
	P.V	P.F	P.M	Total				
20029	2074	157	-	2231	17798	2231	-	-

B. T.B. Control Activities

Microscopy / Type of Patients	No: of Slides Examined		Total	No: of Patients Examined		Total
	Positive	Negative		Positive	Negative	
New Cases	89	2173	2262	33	808	841
Old Cases	62	521	583	21	191	212
Total	151	2694	2845	54	999	1053

Submitted By: ____________ Checked By: ____________ Date Submitted: ____________

SA 6a

THE SALVATION ARMY

AFGHAN REFUGEE ASSISTANCE PROJECT
PREVENTIVE HEALTH TEAM

R.V GHAZI / HARIPUR B.H.U. 1,2,3,4,5 & 6 PERIOD 1st May, 1989 Project PD 734 (II)
30th April, 1990

Antenatal Clinic

(a)	under care at the end of previous month	776
(b)	new cases registered this month	2191
(c)	total = (a+b)	2967
	live births during this month	2215
	stillbirths during this month	34
(d)	untraceable after e d.d.	54
	total	2303
(e)	under care at the end of this month = (c-d)	664

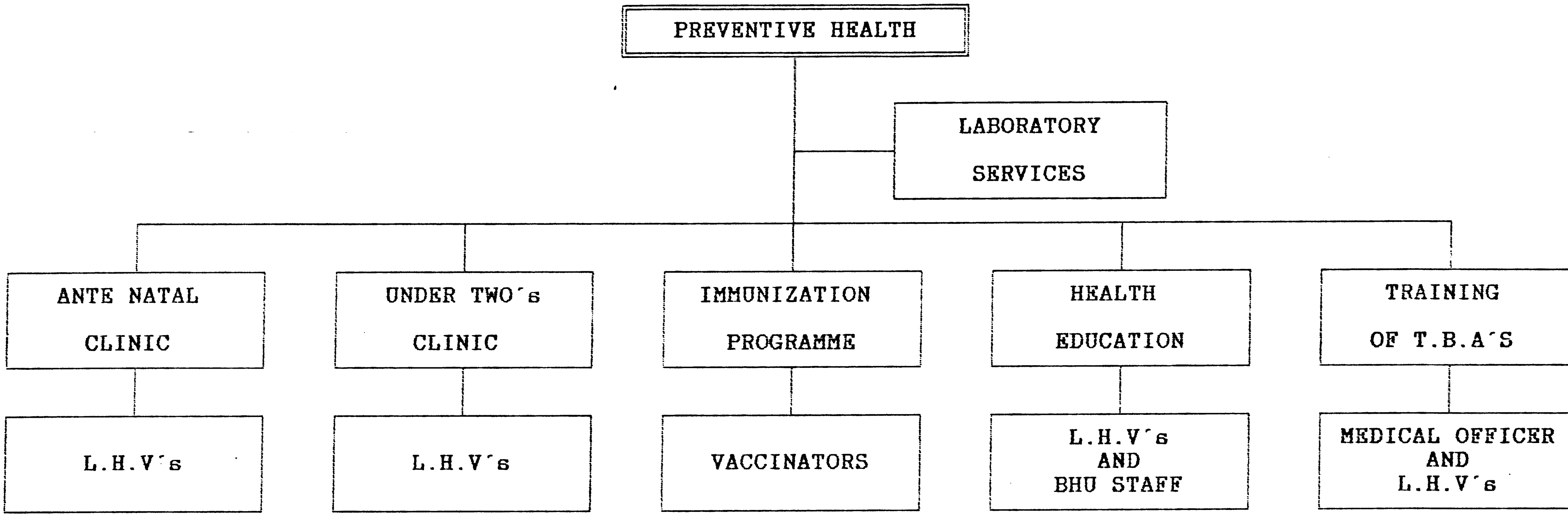
Deliveries

Total deleveries assisted with (staff + trainees)	1462 (1008+454)
Maternal death	6
Infant mortality	41

Remarks

SA 8a

Program Officer



PREVENTIVE HEALTH
LABORATORY SERVICES
ANTE NATAL CLINIC
UNDER TWO's CLINIC
IMMUNIZATION PROGRAMME
HEALTH EDUCATION
TRAINING OF T.B.A'S
L.H.V's
L.H.V's
VACCINATORS
L.H.V's AND BHU STAFF
MEDICAL OFFICER AND L.H.V's

(FIG. 4)

The project introduced a preventive health aspect in the medical programme and commenced with the recruitment of female staff. This was due to the fact that they are better accepted among the refugee population than the men, because of their cultural and traditional beliefs.

Three preventive health teams, headed by a Female Medical Officer and female support staff were added to the already existing three curative health teams headed by Male Medical Officers and their male support staff. (See Fig: 3)

Three Public Health teams, headed by a sanitarian and project trained Community Health Supervisors were also deployed in the six B.H.U's to work on alternate days and implement their respective programs. (See Fig: 3)

The overall medical program of The Salvation Army, Afghan Refugee Assistance project revolves around the following two major objectives:

1. *TO IMPROVE THE GENERAL HEALTH OF THE REFUGEE POPULATION AND TO MEET MEDICAL EMERGENCIES.*

This particular objective relates to the activities of the Curative Health team.

2. *TO DECREASE THE INCIDENCE OF COMMUNICABLE DISEASES AND THOSE DISEASES DUE TO ENVIRONMENTAL AND NUTRITIONAL CIRCUMSTANCES.*

Also this objective relates to the activities of the Preventive and Public Health teams.

PREVENTIVE HEALTH SERVICES

The women and young children (under the age of 5) constitute 44% of the total refugee population, which is the most vulnerable group of the refugee population. Some of the important factors which had made this group vulnerable are multiple pregnancies, lack of knowledge about ante-natal and post-natal care, nutrition, care of the new born baby, personal hygiene and prevention of some common diseases.

Keeping in mind the above facts, now the project is placing more emphasis on the prevention of diseases rather than curative. A variety of services are being provided to the refugees by the Preventive Health teams, and are enumerated as under: (See Fig:4)

THE SALVATION ARMY

AFGHAN REFUGEE ASSISTANCE PROJECT
PREVENTIVE HEALTH TEAM

RV GHAZI / HARIPUR BHUs 1,2,3,4,5 & 6 PERIOD: 1st May 89 - 30th April 90. PROJECT PD 734(II)

Underfives Clinic		
(a)	registered at the end of previous month	4856
(b)	newly registered this month	2507
(c)	total (= a + b)	7363
	children older than five	2371
	deaths this month	60
	untraceable defaulters *	2378
(d)	total	4809
(e)	registered at the end of this month (= c − d)	2554
	Total attendances this month	13770

Degree of malnutrition	1st	2nd	3rd	Total
underweight no.	403	277	96	776
considerably improved	47	56	22	125
defaulters *	70	66	15	151

* defaulter (healthy) if child misses two months
(1st degree) if child misses one month
(2nd degree) if child misses one month
(3rd degree) if child misses two weeks

Health Education		No. of attendances	No. of visits
Schools		10786	290
BHUs		162332	2186 Lectures
Tents	women	41784	(1 visit 1/2 hour with 6-8 families)
	antenatal	4594	
	postnatal	4100	
	School age Children	31111	7357

Remarks:

SA 9a

Program Officer

EXPANDED PROGRAMME OF IMMUNIZATION

THE SALVATION ARMY

AFGHAN REFUGEE ASSISTANCE PROJECT

COMPLETION REPORT

RV : GHAZI / HARIPUR BHUs: 1,2,3,4,5&6 PERIOD: 1st May, 89 - 30th April, 90 PROJECT PD 734 (II)

	Attendances this period	Vaccination Completed this Period						Completely vaccinated	
		B.C.G.	Polio III+Br	D.P.T. III+Br	D.T. II+Br	T.T. II+Br	Measles	This Period	Commulative Since 1st May' 89 to 30th April' 90
Women 15 - 45 Yrs	10208	-	-	-	-	6971	-	1409	3853
Underfives	14346	3040	4373	4162	330	-	2716	1166	2716

Remarks :

Programme Officer

SA 1c

The Salvation Army

Afghan Refugee Assistance Project,

Pakistan PD 734 (II)

Afghan Refugee Health Programme

Expanded Programme on Immunization

IMMUNIZATIONS STATUS REPORT

1. Immunization performed during 1st Mary, 89 - 30th June, 90 BHU 1,2,3,4,5 & 6 RV GHAZI / HARIPUR

Age group	POLIO O	B.C.G.	POLIO				D.P.T.				D.T.			T.T.			Measles	Total attend
			I	II	III	Br.	I	II	III	Br.	I	II	Br.	I	II	Br.		
0-11 Months	767	1275	1207	1204	1325	-	1207	1204	1325	-	-	-	-	-	-	-	1340	5678
12-23 Months	-	109	104	128	168	727	104	128	168	727	-	-	-	-	-	-	167	1127
2-4 Years	-	62	71	102	-	138	-	-	-	-	71	102	138	-	-	-	63	311
5 + Years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Women (15-45)	-	-	-	-	-	-	-	-	-	-	-	-	-	1962	2444	1492	-	5898
Total	767	1446	1382	1434	1493	865	1311	1332	1493	727	71	102	138	1962	2444	1492	1570	13014

2. Uptodate work done since 1st May 1989 todate during the current project PD 734 (II)

Age group	POLIO O	B.C.G.	POLIO I	POLIO II	POLIO III	POLIO Br.	D.P.T. I	D.P.T. II	D.P.T. III	D.P.T. Br.	D.T. I	D.T. II	D.T. Br.	T.T. I	T.T. II	T.T. Br.	Measles	Total attend
0-11 Months	1671	2794	2671	2666	2667	-	2671	2666	2667	-	-	-	-	-	-	-	2367	12017
12-23 Months	-	169	178	227	285	1210	178	227	285	1210	-	-	-	-	-	-	270	1913
2-4 Years	-	77	86	120	1	210	-	-	-	-	86	120	210	-	-	-	79	416
5 + Years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Women (15-45)	-	-	-	-	-	-	-	-	-	-	-	-	-	3237	3820	3151	-	10208
Total	1671	3040	2935	3013	2953	1420	2849	2893	2952	1210	86	120	210	3237	3820	3151	2716	24554

Signature ____________
Programme Officer

Form SA 1a

CAUSES OF DEATH

UNDER FIVES

1.	Diarrhoea	17
2.	Malnurished	3
3.	Premature	4
4.	Fever (P.U.O)	11
5.	Still Birth	1
6.	Chest Infection	13
7.	Dysentry	6
8.	Purtusis	1
9.	Convulsion	2
10.	After Birth	20
11.	Tetanus	3
12.	Accident	1
13.	Drowning	2
14.	Gastero enteritis	1
15.	Pneumonia	11
16.	Asthma	1
17.	Abdominal Pain	1
18.	After Burning	1
19.	Heat Stroke	1
20.	Intes.Obst	1
21.	Jaundice	1
22.	R.T.I.	3
23.	Unknown	2
24.	Rabies	2
25.	Malaria	1
26.	During Delivery	2
27.	Weakness	4
TOTAL		116

ADULTS

1.	Hypertension	3
2.	Fever (P.U.O)	4
3.	Diarrhoea	2
4.	Unknown	4
5.	Anaemia	1
6.	Accident	7
7.	Chest Infection	6
8.	Cardiac Failure	10
9.	Pyschosis	1
10.	Asthma	12
11.	Drowning	3
12.	Jaundice	3
13.	T.B.	4
14.	Cancer	4
15.	Kidney	1
16.	Abdominal Pain	4
17.	During Delivery	3
18.	Weakness	3
19.	Suicide	1
20.	Renal Failure	1
21.	Psychosomatic Illness	1
22.	Paraligia	1
23.	Septecemia	1
24.	Miningitis	1
25.	Blood Pressure	1
26.	Old age	4
27.	Peptic Ulcer	1
TOTAL		87

OTHER ACTIVITIES

1.	General Shops inspected	2382
2.	Butchers' Shops inspected	194
3.	Wells Chlorinated	2626
4.	Wells inspected	890
5.	Children referred for vaccination	2943
6.	Ditches closed	153
7.	Patients referred for Sputum Exam.	210
8.	T.B. defaulters brought for treatment	18
9.	No. of patients referred CHW to BHU	31875
10.	No. of patients referred BHU to CHW	4096
11.	No. of patients referred for U/5 clinic	378
12.	Persons referred for X-ray	12
13.	Shopkeepers of camps are motivated about health	12
14.	Rabit dogs killed	4
15.	Slides of Malaria was followed up	50
16.	Patients referred from U/5 Clinic	628

THE SALVATION ARMY

AFGHAN REFUGEE ASSISTANCE PROJECT

PUBLIC HEALTH TEAM

RV GHAZI / HARIPUR BHUs 1,2,3,4,5 & 6 PERIOD: 1st May 89-30th April 90 Project PD 734 (II)

Health Education		
	No. of attendances	No. of visits
Camps	71937	
Schools	51555	986
B.H.U.s	84054	1087

Health Motivation	
T.B. defaulters contacted	3336
Underfives referred for vaccination	39611
Malaria (+) cases referred for radical treatment and follow up	940

Camp Sanitation Inspection			
no of pitlatrines	5786	inspected	55934
no of watertanks	166	inspected	2052
no of tap	76	inspected	1296

Birth and Death Recorded		
Birth recorded		1356
Death record	Underfives	116
	Adults	87

Causes of death:

Other activities/Remarks:

SA 7a (FOR MORE INFORMATION SEE OVERLEAF)

Program Officer

THE SALVATION ARMY

Afghan Refugee Assistance Project

BANK PAYMENT VOUCHER

PROJECT. ______________________ *BPV NO.* __________

CLAIMED BY ______________________ *DATED.* __________

EXPENDITURES AS PER RECEIPT ATTACHED	FOLIO	Rupees.	Paisa.
	TOTALS		

Amount in words. ____

PROJECT ACCOUNTANT

DIRECTOR

THE SALVATION ARMY

Afghan Refugee Assistance Project

PETTY CASH SHEET

DATE.______________ | OPENING BALANCE | CASH: | IMPREST: | DAY.______________

PAYEE	PROJECT	PURPOSE	AMOUNTS				SIGNATURE
			CASH PAID	IMPREST	IMPREST ADJUSTED	CASH RECEIPT	
		TOTAL					

CLOSING BALANCE	CASH:	IMPREST:

RECONCILATION

OPENING BALANCE: ______________ *LESS CASH ACC IMPREST:* ______________ *PLUS CASH RETURNS & RECEIS:* ______________

BANK STATEMENT

*PROJECT:*____________ *FOR THE MONTH OF:*____________ *A/C NO.*____________

RECEIPTS				PAYMENTS			
Date.	Cheque #.	Particulars.	Amount.	Date.	Cheque #.	Particulars.	Amount.
		Balance B / F					
TOTALS				TOTALS Balance C / F			

EXCHANGE RATE MONITORING SHEET

PROJECT:-____________

DATE	BUDGET LINE ITEM	(%)	BUDGET APPROVED ₨:_____ PER 1 US $		FUNDS RECEIVED			₨:_____ PER 1 US$	TOTALS	GAIN OF (LOSS) ON FLUCTUATION	REMARKS
					AT APPROVED RATE		BALANCE B/F				
			Dollars.	Pak Rupee.	Dollars.	Pak Rupee.	From Previous Sheet				

SAMPLE

MONTHLY ANALYSIS SHEET

PROJECT:- PD - 734 (III) Consolidated.

FOR THE MONTH OF: May, 1990.

CATEGORY	FUNDS SPENT TO 30/04/1990.	FUNDS SPENT CURRENT MONTH	FUNDS SPENT TO DATE	1/12 OF BUDGET	(OVER SPENT) OR UNDER SPENT	BUDGET BALANCE
SALARIES		318,565.00	318,565.00	434,068.44	115,503.44	4890256.25
STAFF BENEFITS		25,926.85	25,926.85	49,631.15	23,704.30	569646.90
PROFESSIONAL FEES		0.00	0.00	4,811.35	4,811.35	57736.25
TRAVEL / PER DIEM		22,872.10	22,872.10	49,489.48	26,617.38	571001.65
UTILITIES / OCCUPANCY		29,584.00	29,584.00	70,217.08	40,633.08	813021.00
PUBLICATION / PRINTING		263.00	263.00	10,787.92	10,524.92	129192.00
TELEX / TELEPHONE		7,825.00	7,825.00	11,305.00	3,480.00	127835.00
POSTAGE / FREIGHT		882.00	882.00	3,676.25	2,794.25	43233.00
MAINTENANCE / PURCHASES		39,548.00	39,548.00	61,625.00	22,077.00	699952.00
OFFICE/MEDICAL SUPPLIES		5,778.00	5,778.00	295,667.19	289,889.19	3542228.25
STAFF TRAINING		6,300.00	6,300.00	28,510.42	22,210.42	335825.00
OTHER / REPAIRING		0.00	0.00	2,125.00	2,125.00	25500.00
Totals	0.00	457,543.95	457,543.95	1,021,914.28	564,370.33	11805427.30

	DATE	TIME
SHEET PRODUCED ON :	19-Jul-90	12:31:03 PM

THE SALVATION ARMY

Afghan Refugee Assistance Project

MONEY REQUEST SLIP

PROJECT. ____________________

DATE. ____________________

Requested by. ____

Amount Rs. ________________ Amount in words. ________________

____

Purpose. ____

Agreed by Expenditure Board on. ________________________

Date.	Particulars.	Receipts Received.	Balance.	

____

RECEIVED PAYMENT

1. ANTE NATAL CLINIC

According to UNICEF (Facts for Life) every year half a million women die from problems linked to pregnancy and childbirth, leaving behind over one million motherless children.

The Maternal Mortality Rate (MMR) and the Infant Mortality Rate (IMR) among the Afghan refugee population are among the highest in the world.

Ante-natal clinics were commenced with the aim of decreasing the MMR and IMR in the camps where The Salvation Army is working.

These clinics are conducted by Lady Health Visitors (L.H.V's), once a week in each B.H.U for the pregnant women who are usually in their second trimester. The women coming for the first time are registered in the B.H.U and an ante-natal card is completed stating all the relevant information. Tetanus toxide injections are given to the women who have not previously been immunized.

The women attending the ante-natal clinics receive education about ante-natal care, importance of immunizations during pregnancy, nutrition, post-natal care, care of the new born baby and breast feeding etc. The expectant mothers are also advised to contact the B.H.U staff or the Traditional Birth Attendants (T.B.A's), trained by the project to help or assist them at the time of delivery.

2. UNDER TWO'S CLINIC

Previously under 5's clinics were being held for the children to monitor their growth and immunization.

project management was not very much satisfied with the progress and performance of the underfives clinic, (this was also revealed in the report on Internal Medical Analysis conducted by Mr.Derek Jackson) discussions were held to review the activities of this clinic to make it more effective and worth while for the target group.

It was decided to change the name from underfives clinic to undertwo's clinic, concentrating more on children up to the age of two instead of five. This change in the programme was brought about because of the following reasons:

THE SALVATION ARMY
Afghan Refugee Assistance Project

JV NO. ______________

JOURNAL VOUCHER

DATE. ______________

ACCOUNT	FOLIO	*DEBIT* Rs.	Ps.	*CREDIT* Rs.	Ps.
	TOTAL				

NARRATION

____

____

____

____

____
PREPARED BY

____
APPROVED BY

THE SALVATION ARMY
Afghan Refugee Assistance Project
PAKISTAN

ANNEX XII

PROJECT PD 734 (II)

1ST MAY 1989 TO 30TH APRIL 1990

"IN-PAKISTAN" BUDGET EXPENDITURE

CATEGORY	BUDGET	EXPENDITURE	DIFFERENCE
	RS.	Rs.	Rs.
SALARIES	4,398,615	4,383,618	14,997
EMPLOYEE BENEFITS	296,985	192,569	104,416
PROFESSIONAL FEES	NIL	60,000	-60,000
TRAVEL/PER DIEM	558,695	424,050	134,645
OCCUPANCY	1,090,420	1,505,038	-414,618
PUBLIC/PRINTING	85,488	109,338	-23,850
TELEX/TELEPHONE/PHONE	60,235	70,338	-10,103
POSTAGE/FREIGHT	119,944	30,215	89,729
MAINTENANCE/PURCHASES	1,296,789	2,113,321	-816,532
SUPPLIES	4,938,102	4,638,631	299,471
STAFF TRAINING	146,660	65,471	81,189
OTHERS	230,295	18,199	212,096
TOTAL	RS.13,222,228	13,610,788	-388,560

THE SALVATION ARMY
Afghan Refugee Assistance Project
PAKISTAN

THE SALVATION ARMY
AFGHAN REFUGEE ASSISTANCE PROJECT
REVISED MEDICINES LIST AS OF 1ST MAY, 1990.

S.NO.	NAME OF MEDICINE
1.	Capsule Amoxil (Beecham) 250 mg.
2.	Tablets Septran (Wellcome) plain.
3.	Syrup Septran (Wellcome).
4.	Capsule terramycin (Pfizer) 250 mg.
5.	Syrup Omnipen(Wyeth)/Syrup Ampicilin(EPLA).
6.	Drops Ampiclox (Beecham) 8 ml.
7.	Tablets Brufen (Boots) 400 mg.
8.	Tablets Paracetamol (Nicholas).
9.	Tablets Aspirin.
10.	Tablets Actifed P (Wellcome).
11.	Drops Piptal.
12.	Tablets Resochin (Bayer) 250 mg.
13.	Syrup Chloroquin (Nabi Qasim).
14.	Tablets Trisil (Efroze) 500 mg.
15.	Mixture Carminative (Bliss).
16.	Tablets Hyoscine Compound.
17.	Tablets Entox.
18.	Tablets Flagyl (M & B) 200 mg.
19.	Syrup Flagyl (M & B).
20.	Tablets Combantrain (Pfizer) 250 mg.
21.	Suspension Combantrin (Pfizer).
22.	Tablets Avomin (M & B).
23.	Syrup Maxolon (Beecham).
24.	Syrup Benadryl Exp. (Parke Davis).
25.	Syrup Phensedyl (M & B).
26.	Tablets Aminophlline (Wellcome) 100 mg.
27.	Tablets Ventolin (Glaxo) 4 mg.
28.	Syrup Ventolin (Glaxo).
29.	Powder Cicatrin.
30.	Cream Burnol (Boots) 30 mg.
31.	Ointment Betnovate N (Glaxo) 15 mg.
32.	Ointment Tinefax (Wellcome) 28 mg.
33.	Solution Ascabiol (M & B).
34.	Tablets Avil (Hoechst) 25 mg.
35.	Syrup Phnergan (M & B).
36.	Tablets Deltacortil (Pfizer) 5 mg.
37.	Tablets Grisoven (Glaxo) 125 mg.
38.	Tablets Aldomet (MSD) 250 mg.
39.	Tablets Inderal (ICI) 10 mg.
40.	Tablets Moduretic.
41.	Tablets Diazepam (Roche) 5 mg.
42.	Tablets Phenobarbitone (feroze sons) 30 mg.
43.	Tablets Digoxin 0.25 mg.
44.	Tablets Dulcolax (Boehriger) 5 mg.
45.	Syrup Sodium Acid Citrate (Sibro) 120 mg.

THE SALVATION ARMY

Afghan Refugee Assistance Project

PAKISTAN

REVISED MEDICINES LIST

S.NO.	NAME OF MEDICINE
46.	Tablets Nilstat Viginal (Lederle).
47.	Lotion Gention Violet.
48.	Tablets Methergin (Sandoz) 0.125 mg.
49.	Tablets Ferrous Sulphate (Glaxo).
50.	Syrup Iberet - 500. 120 mg.
51.	Tablets Folic Acid (Nabi Qasim).
52.	Tablets B Compound (Feroze Sons).
53.	Tablets Ostocalcium (Glaxo).
54.	Drops Neovit (Pfizer).
55.	Ointment Terramycin Eye (Pfizer).
56.	Drops Otosorin Ear (Wellcome).
57.	Drops Genticyn Ear / Eye (Aspro Nicholas).
58.	Drops Fenox Nasal (Boots).
59.	Hydrosol Salt (ORS).
60.	Injection Ampicilline 250 mg.
61.	Injection Procain Penicillin (Pfizer) 400,000.
62.	Injection Hyoscine 2 ml.
63.	Injection Avil (Hoechst) 2 ml.
64.	Injection Aminophylline (Wellcome) 10 ml.
65.	Injection Methergin (Sandoz) 1 ml.
66.	Injection Lasix (Hoechst) 2 ml.
67.	Injection Maxolon (Beecham) 2 ml.
68.	Injection Diazepam (10 mg) 2 ml.
69.	Injection A.T.S (Pliva) 1500 iu.
70.	Injection Adernaline (Marker) 1 ml.
71.	Injection Decadorn (MSD) 4 mg. (2 ml).
72.	Injection Sosegan (Winthrop) 1 ml.
73.	Injection Xylocaine (Wellcome) 2% 50 ml.
74.	Injection Dextrose (China) 25% 20 ml.
75.	Injection Dextrose Water (China) 5% 1000 ml.
76.	Injection Dextrose Saline (China) 1000 ml.
77.	Methylated Spirit.
78.	Savalon Solution / Dettol.
79.	Syrup Calpol (Wellcome). 120 ml.

DISPOSABLES ETC.

1. Disposable Syringes (3 c.c.-5 c.c.-10 c.c.)
2. Cotton Wool.
3. Guaze Thans.
4. First aid plaster (Bandages.
5. Bandages (6" - 3").
6. Sticking Plaster (3").
7. Ethyl Chloride Spray.
8. Microscopic Slides.
9. Surgical Blades.
10. Stiching Material.

THE SALVATION ARMY

Afghan Refugee Assistance Project

PAKISTAN

REVISED MEDICINES LIST

T.B. MEDICINES (SUPPLIED BY I.C.D.)

S.NO.	NAME OF MEDICINE	PACKING	PRICE
1.	Injection Streptomycin (Glaxo) 1 mg.		
2.	Capsule Rimactane (Ciba Gegy) 150 mg.		
3.	Capsule Rimactane (Ciba Gegy) 450 mg.		
4.	Tablets Myembutol (Lederle) 400 mg.		
5.	Tablets Isonax (Dumex) 100 mg.		
6.	Tablets Thiacetazone INH (Sharex) 150 mg.		
7.	Tablets Pyrazinamide (MSD) 500 mg.		

1. That practically it was not possible for the preventive team to register all the underfive children for the monitoring of growth in the BHU's, in its present set up.

2. That the number of defaulters were too high and it was not possible to find out whether they are healthy or malnourished.

3. That the children above two years have less risk of becoming malnourished as compared with the children under two years.

4. That it will be easy to cover and register almost 100% of under two children in the BHU's because of their small number which is about 7% of the total population.

This change in the programme has been implemented from 1st January 1990 and after assessing its performance will be fully implemented in the new project.

The main aim of this clinic is to provide low cost curative and preventive care to meet the pediatric challenges focusing on the following four essential components of treatment, immunization, growth monitoring and health education.

The objective of an "Under 2 Clinic" is to help every child achieve its maximum potential of mental and physical development.

This clinic is held once a week in each B.H.U. all the children attending are weighed and registered in the clinic, special attention is given to those who are malnourished or undernourished due to varying reasons.

The immunization status of the children is also checked and if any are not fully vaccinated, they are referred to the vaccinators for immunizations, this is also recorded in the growth charts of the concerned child. The mothers are also educated about the importance of immunization.

The mothers are advised regarding weaning food and preparation of different food items. In most of the cases the L.H.V.s practically demonstrate and prepare different food items in the presence of mothers so that they can be encouraged to feed their children the same way in their homes.

Nutritional food supplements which were being given to malnourished children have been totally withdrawan from these clinics because it was found that these supplements were not

being used properly and the children were not showing any improvement in their weight or growth.

The mothers are educated about Breast feeding and its importance because bottle feeding, especially in the poor communities, is a serious threat to the lives and health of millions of children.

The mothers are also informed about the control of Diarrhoea through O.R.S and its preparation at home. Diarrhoea causes dehydration, which kills approximately 3.5 million children every year. Diarrhoea is also a major cause of child malnutrition. The main causes of diarrhoea are poor hygiene and lack of clean drinking water.

3. EXPANDED PROGRAM ON IMMUNIZATION (E.P.I)

This is one of the most important aspects of the preventive health services and is being stressed because of its value and effect on future generations. Immunization protects against several dangerous diseases. A child who is not immunized is more likely to become under-nourished, disabled and to die.

Without immunization, an average of three out of every one hundred children born will die from measles, another two will die from Whooping cough, one more will die from tetanus and out of every two hundred children born, one will be disabled for life by Polio.

In order to fully immunize the refugee population, one vaccinator is stationed at each B.H.U where he works for three days in co-ordination with the preventive health team and for the other three days he goes into the camps for out-reach activities, traveling to every part of the camp and locating and immunizing the defaulters as well as registering and immunizing new cases.

The defaulters are also located and motivated by the personnel of the public health team, who are provided with the relevant details by the vaccinators. The latter keep a complete record of all the immunizations and the status of each child.

Now some changes have been brought about in the E.P.I programme by the Project Director Health for Afghan Refugees and the W.H.O. This change is to decrease the age of the target group for immunization of children from under five years to under two years.

Another change has also been brought in the women's immunization programme. Previously all the women between the age of 14 to 45 were immunized against Tetanus but now instead of classifying women in an age group, they have been simply put in the category of "Child Bearing Age" (CBA).
The project is now implementing all these suggested changes.

4. HEALTH EDUCATION

Health education is yet another factor which plays an important role in improving the health of the community, because more than half of all illnesses and death among the young children is caused by germs which get into the child's mouth via food, water and lack of personal hygiene.

In poor communities without latrines, without safe drinking water and without safe refuse disposal, it is very difficult for families to prevent the spread of germs. It is therefore vital for the people to be aware of different prevalent health problems and their prevention.

The health education program is being implemented in the B.H.U's as well as in the camps. All the three teams i.e Preventive, Curative and Public Health are engaged in imparting health education to different groups of people.

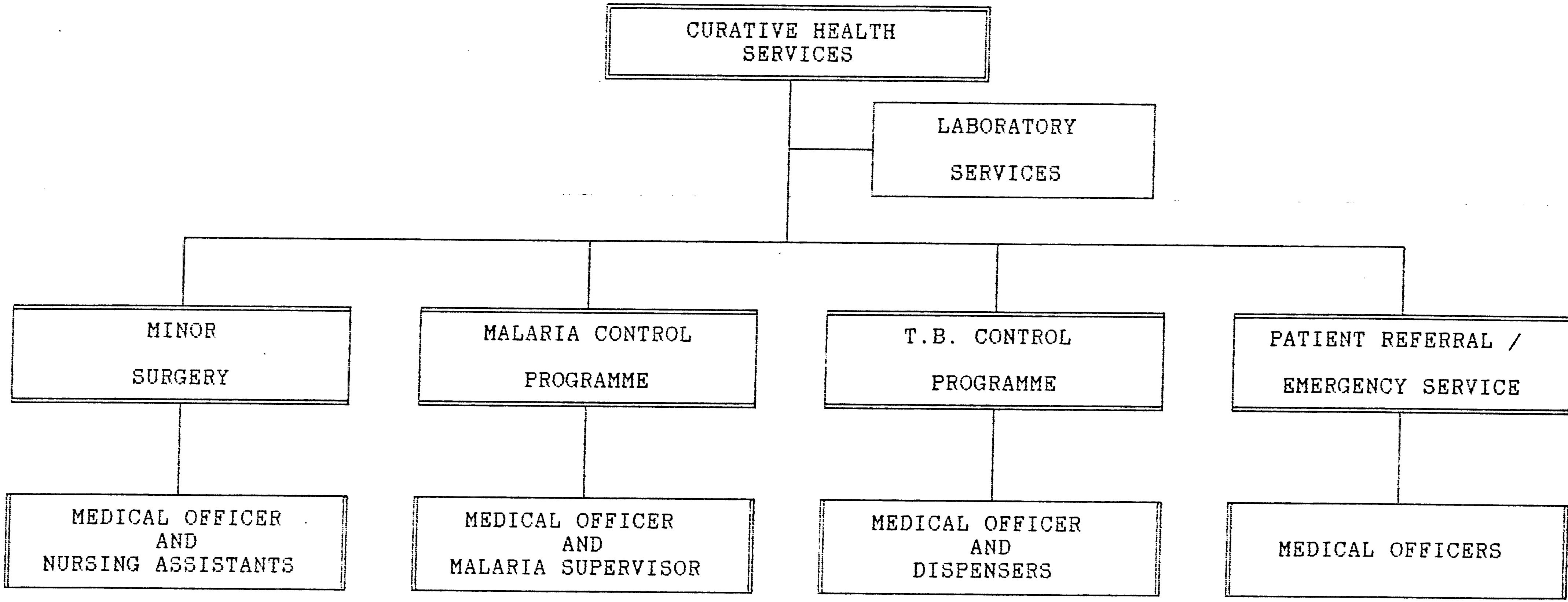
The preventive health team personnel mostly deals with the women and under five population of the camp educating them in the B.H.U.s, homes and schools whilst the curative and public health team personnel deals with the male population in the same places as well as in some public places like mosques and bazaars.

A variety of subjects are taught to the refugee population by these teams which cover personal and environmental hygiene, prevention of communicable diseases, importance of immunizations, clean drinking water, control of diarrhoeal diseases etc.

During home visits the preventive health personnel also follow up ante-natal, post-natal and malnourished children.

5. TRAINING OF TRADITIONAL BIRTH ATTENDANTS (T.B.A's)

Another important role of the preventive health team is to decrease the maternal mortality and morbidity rate by locating the elderly women, traditionally engaged in delivering the


CURATIVE HEALTH SERVICES
LABORATORY SERVICES
MINOR SURGERY
MALARIA CONTROL PROGRAMME
T.B. CONTROL PROGRAMME
PATIENT REFERRAL / EMERGENCY SERVICE
MEDICAL OFFICER AND NURSING ASSISTANTS
MEDICAL OFFICER AND MALARIA SUPERVISOR
MEDICAL OFFICER AND DISPENSERS
MEDICAL OFFICERS

(FIG. 5)

babies in the community, known as Traditional Birth Attendants or T.B.A.s and imparting three months training to them in the use of new concepts and aseptic techniques while assisting with the deliveries.

After the training the T.B.As are provided with a simple delivery kit to continue their work in the community.

CURATIVE HEALTH SERVICES

The curative and preventive health services complement each other and are vital, especially among the refugee community which has some very urgent health needs. That is why some sort of balance has to be kept between these two programmes in order to satisfy the refugees physically and mentally.

The project through its three curative health teams is responding to the urgent medical needs of the people. Each curative team consists of a male doctor, male supportive staff and a female Dai Nurse which provides treatment facilities to an average of 80 - 120 patients daily in each working B.H.U.

To support the medical officers in their diagnosis and treatment, field laboratories have also been established at Ghazi and Haripur camps where various specimens are examined by skilled Laboratory Technicians. An average of 3000 specimens are examined per month in these laboratories.

Besides the above mentioned activities, the curative team is also implementing the undernoted programmes. (See Fig: 5)

1. T.B CONTROL PROGRAMME

This is one of the most important programmes being implemented by the curative health team. T.B was a very common disease among the refugee population and it has taken a lot of effort to prevent it from spreading. There are still many T.B patients in the camps, but the situation is not as alarming as it was in the earlier days of the refugee programme.

Due to the prevalence of this disease, special T.B clinics are held in every B.H.U. on a fortnightly basis. During these clinics the registered T.B patients are examined by the medical officer and treatment is given to them. Similarly the suspected T.B patients are referred for X-rays and sputum

examination and if found positive or suggestive, are given anti-T.B treatment.

Close family members of the positive T.B patients are also screened regularly to find out whether they have been afflicted by the disease or not.

Efforts are also made to ensure that all the registered T.B patients come and receive their respective medicines on a regular basis. If in some cases the patients are not regular and default in their treatment, they are located with the help of public health team personnel who, after motivation, bring them to the B.H.Us to continue the treatment.

The patients are also educated about the preventive measures necessary to check the spread of this disease among the family and the community.

In some cases, specialized consultation is also provided by the I.C.D (Italian Co-operation for Development, an Italian agency implementing the T.B control program for Afghan Refugees). I.C.D is also providing technical and material support, in the shape of Mobile X-ray units, training of laboratory personnel, free supply of anti-T.B medicines and laboratory reagents for sputum examination etc.

2. MALARIA CONTROL PROGRAMME

Every year 100 million (Facts for Life) malaria cases cause hundreds of thousands of child deaths and many more cases of child malnutrition. It also causes deaths and other complications in the adult patients.

Malaria is one of the most common diseases among the refugee population. To control this disease, a Malaria Supervisor has been attached to each B.H.U, whose responsibility it is to take blood samples from the suspected cases and provide them with a complete treatment regime, if found positive, after the laboratory examination. The suspected cases are also provided with radical treatment.

From time to time the malaria supervisors also collect blood samples for mass screening of the population, especially when the cases of P.Falciparum malaria are on the increase. This type of malaria is one of the most dangerous types which sometimes is fatal.

To control the spread of disease and especially the breeding of mosquitoes, the office of the Deputy Project Director Health for malaria control supplies malaria insecticide for spraying, in the camps, once a year. Malaria supervisors with the help of Public Health Team personnel, carry out this malaria spray campaign in the camps.

The camp people are also educated by the Public Health team personnel as well as Malaria supervisors to keep their surroundings clean and fill in the ditches which contain stagnant water and other water ponds in the camps so as to decrease the breeding grounds for mosquitoes.

4. MINOR SURGERY

In order to deal with minor injuries, wounds, burns etc. three nursing assistants have been attached to the curative team. These nursing assistants work on alternate days in each BHU on male days and on female days one of the female staff from the preventive team works as a nursing assistant.

The patients are usually referred by the BHU medical officer but the out reach staff i.e. CHS's and CHW's also refer the patients.

The work of the nursing assistants consists of dressing of wounds, burns, skin infections, the giving of prescribed injections and the setting up and supervision of intravenous therapy. A record of the treatment and personal details of the patients are entered in a register for monthly reporting.

4. REFERRAL OF PATIENTS / EMERGENCY MEDICAL COVER

The medical officers of the curative health team also refer patients to different Government hospitals at Peshawar and Abbottabad, who may need hospitalization or any specialized treatment not available in the B.H.U's. Similarly, emergencies are also referred to these hospitals, and in most of the cases transportation facilities are also provided by the project.

To deal with other emergencies which do not need hospitalization, curative health team staff remain on emergency duty after the duty timings in Ghazi camps only. The reason for this being that the field office at Ghazi is very close to the refugee camps as compared to Haripur where the field office is about 15 k.m's away from the nearest camp.

INTRODUCTION AND BACKGROUND

Pakistan has been host for a decade to the world's single largest refugee population. Afghan Refugees in the country now number over 3.6 million. These refugees have been housed in 384 Refugee Villages (R.V's) in 17 districts and tribal agencies of Pakistan.

Out of the total refugee population in Pakistan 75% live in the North West Frontier Province (N.W.F.P), 20% live in Baluchistan, 4% live in Punjab and the rest are scattered elsewhere in the country. (See Fig:1)

The majority of refugees are Pathan tribesmen, primarily from Afghanistan's eastern regions, a small number are Baluchi's, Hazara's, Nuristani's and Turkmen. The total refugee population consists of 51% children, 26% women and 23% men.

The Salvation Army commenced its operation in the Ghazi camps by establishing two Basic Health Units (BHU's) in August 1982. It started its Vocational Training and Income Generation programme in 1983 in the same camps and later at the request of Government of Pakistan, extended its services to Haripur camps by opening two basic health units. By the end of 1984 the total number of basic health units in Haripur camps had reached 4.

Since then The Salvation Army is providing Medical Services, Community Health Education, Vocational Training and Income Generating activities to an estimated 80,000 refugees residing in seven refugee villages at Ghazi and Haripur, district Abbottabad in the N.W.F.P. These locations are situated approximately 120 and 160 k.m's east of Peshawar, the capital of N.W.F.P.(See Fig:1)

The funding for the Medical programme is being provided by the U.S.State Department Bureau for Refugee Programmes, for Community Health Education Programme by C.I.D.A, for Food Preservation Programme by STICHTING VLEUTCHELING of Netherlands and for Vocational Training and Income Generating Programme partly by I.C.C.O of Netherlands, partly by The Salvation Army Inter - national Headquarters in London and partly from the income accumulated through the sales of produced goods during the past years.

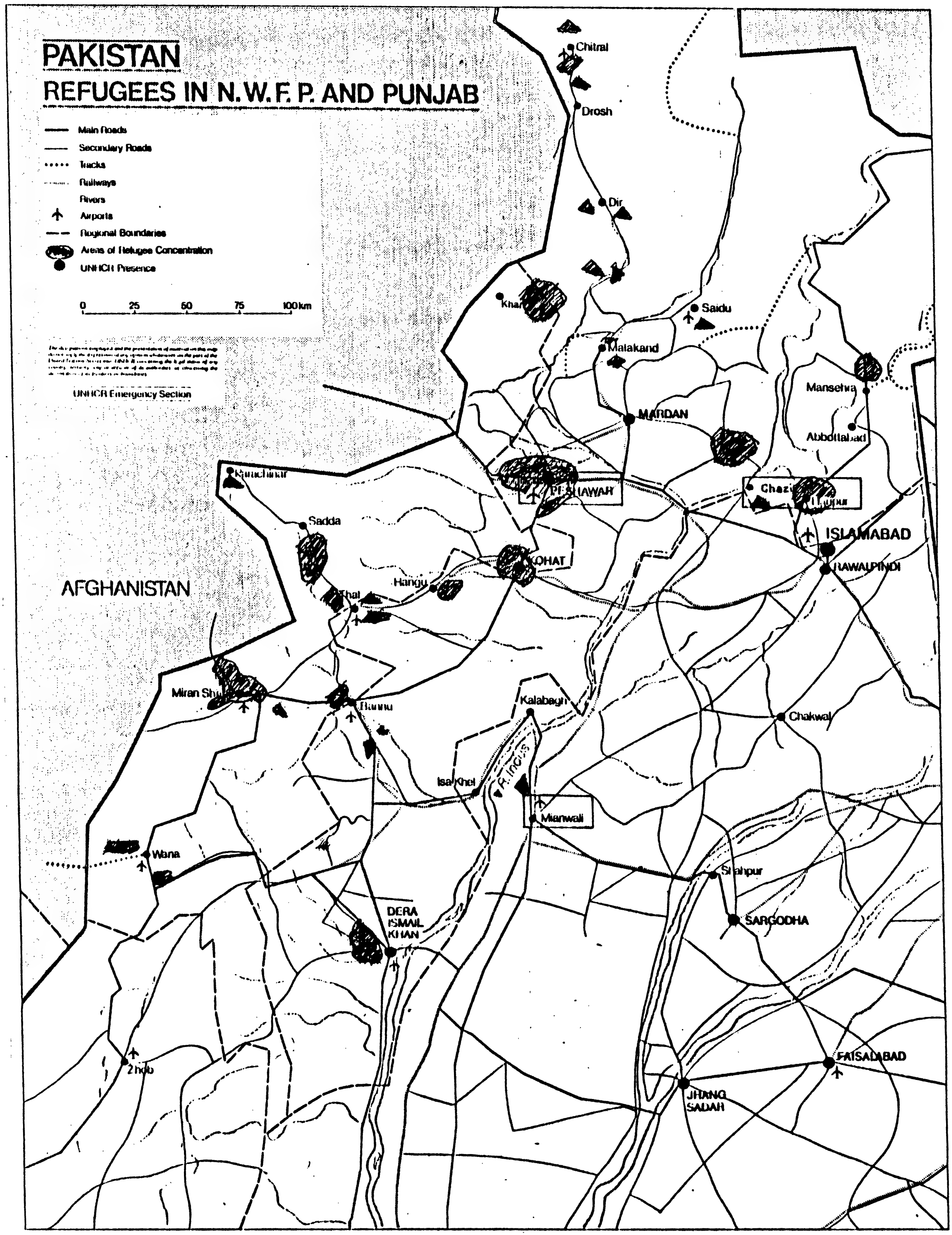

PAKISTAN
REFUGEES IN N.W.F.P. AND PUNJAB
Main Roads
Secondary Roads
Tracks
Railways
Rivers
Airports
Regional Boundaries
Areas of Refugee Concentration
UNHCR Presence
0 25 50 75 100km
UNHCR Emergency Section
AFGHANISTAN
Chitral
Drosh
Dir
Saidu
Malakand
Mansehra
Abbottabad
MARDAN
PESHAWAR
ISLAMABAD
RAWALPINDI
Sadda
KOHAT
Hangu
Thal
Bannu
Kalabagh
Chakwal
Isa Khel
R. Indus
Mianwali
Wana
Shahpur
SARGODHA
DERA ISMAIL KHAN
FAISALABAD
JHANG SADAR

FIG: 1

MANAGEMENT AND ADMINISTRATION

The Salvation Army, Afghan Refugee Assistance Project, through its main office based at Peshawar is responsible for all the activities in the field.

The Territorial Commander at The Salvation Army, Territorial Headquarters at Lahore is overall in charge of the Army's refugee project. He is being represented at the field office by the Director of the Afghan Refugee Assistance Project who reports to the Territorial Commander. (See Fig: 2)

At field level, each component of the project is being implemented by a Programme Officer who is responsible for the overall supervision of his own component and directly reports to the Director. All these Programme Officers have the support of administrative staff in the field who help them in their day to day work.

The Project Accountant, Manager Administration and their ancillary staff are based in Peshawar providing financial and administrative support to their colleagues in the field. They both report directly to the Director.

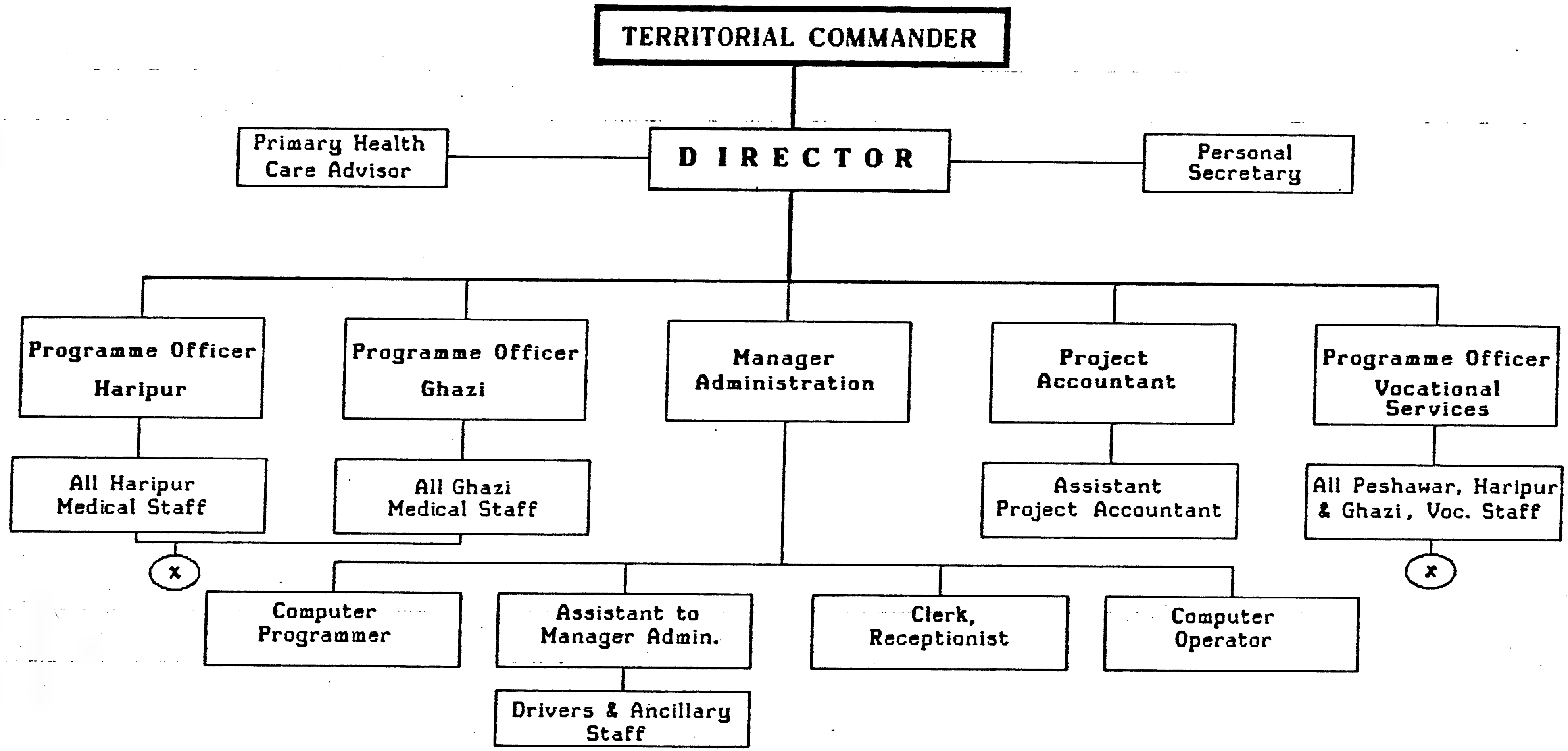
The field offices are responsible for daily work in the camps and send their progress reports to the main office in Peshawar on a monthly basis.

The Peshawar main office besides providing financial and administrative support to the field offices is responsible for preparing monthly financial reports and periodical progress and narrative reports on the programmes as per donor agreement or requirements.

THE SALVATION ARMY

AFGHAN REFUGEE ASSISTANCE PROJECT - PAKISTAN

AT A GLANCE



N.B. Separate Charts Are Necessary For Areas Marked. (x)

(FIG: 2)

THE SALVATION ARMY

Afghan Refugee Assistance Project
PAKISTAN

FINAL REPORT

PROJECT PD - 734 (II)

PERIOD 1ST MAY 1989 - 30TH APRIL 1990

MEDICAL PROGRAMME

Peshawar,
June, 1990

THE SALVATION ARMY

Afghan Refugee Assistance Project

PAKISTAN

ACKNOWLEDGMENT

The Project Management extends its' sincere thanks to the U.S State Department Bureau for Refugee Programs for their continued support and funding of The Salvation Army, Afghan Refugee Assistance Project for yet another year.

It is important to note that including this grant, this is the eighth consecutive grant from the Bureau for Refugee Programs of the U.S State Department, through Salvation Army World Service Office (S.A.W.S.O) in Washington D.C.

These grants have helped The Salvation Army to continue its assistance programmes among 80,000 Afghan Refugees residing in the refugee villages of Ghazi and Haripur.

The management also thank S.A.W.S.O for their continued association and help in arranging the funding and for their technical assistance and advice in order to improve the quality of the project. Without their input the project would not have flourished in such a short period of time.

We would also like to register our thanks to The Salvation Army International Headquarters Development Services Section for their continuous campaign to raise funds for the project in particular and the refugees in general.

We also thank Colonel John Nelson, Territorial Commander, The Salvation Army Pakistan for his keen interest in the refugees programme during the project period. His guidance has always helped the Project Management discuss even complicated issues very openly, thus helping in building the confidence of the Management.

We would like to thank the Project Management for their day and night efforts to make this project a real success thus earning a very good name for The Salvation Army.

This has only been achieved because of their motivation, commitment and ambition for perfection in every part of the programme.

Finally, we would like to thank the most important part of our project, the staff, who in the field have contributed tremendously to achieving the project's objectives.

These achievements have been accomplished through their desire to work for their own people with dedication, without any discrimination.

In ending, we would like to thank all those who were involved in the preparation of this report at various stages. Their contribution have made it possible to present a good quality report to our readers.

The management will very much appreciate receiving valued comments, criticisms and advice from the readers.

PESHAWAR
17TH JUNE,1990

THE SALVATION ARMY

Afghan Refugee Assistance Project

PAKISTAN

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LIST OF ANNEXES

SECTION I

PREFACE

It is our pleasure to introduce to you our Final Report on our Medical and Administration Programmes for PD - 734 (II) project covering the period from 1st May,1989 to 30th April,1990.

As mentioned earlier, this programme has been funded by the U.S State Department, Bureau for Refugee Programmes through The Salvation Army World Service Office (S.A.W.S.O) in Washington.

Before we go into the details of our programmes achievements during the reporting period, it will be of assistance for us to update our readers about the events leading to the current refugee situation in this region.

As referred to in our 1st Interim Report for this project dated April,90 the continued fighting in Afghanistan led to an influx of refugees rather than the expected repatriation.

As the conflict in Afghanistan has been portrayed by the media as an internal civil war, some of the interest previously generated by the large Soviet presence has dissipated, thereby affecting the continued aid assistance to the Afghan people.

Further with the events in Eastern Europe, less attention is being focused on the Afghan situation.

In an attempt to redress the reduction in aid and to stress the importance of continuation of programmes in Afghanistan, together with assistance to a larger number of refugees in Pakistan, an Agency Co-ordinating Body for Afghan Relief (A.C.B.A.R) team visited 13 countries in April and May 1990. Annex I encloses the Summary and the Refugee situation section of the Overview presented during the Donor Information Campaign.

At present, The Salvation Army, Afghan Refugee Assistance Project as an implementing agency is also faced with funding problems for its vocational training and income generation programmes. These programmes are vital when seen in the context of reduced food aid to the refugees and the closure of different income generation projects due to UNHCR and other funding cuts.

The Salvation Army's vocational training and income generation programme's last funding ended in October, 1989 and since then this is being run on a monthly basis from some private funds made available by The Salvation Army International Headquarters in London and the income accumulated through the sales during the past years.

Funding proposals have been sent to E.E.C and I.C.C.O of Netherlands. I.C.C.O have agreed to fund 20% of the total programme but no information has yet been received from the E.E.C.

As mentioned in the proposal narrative for the medical project commencing 1st May 1990, kindly funded by the U.S State Department Bureau for Refugee Programmes, we are concerned about the apparent rise in the number of malnourished children in the camps where we are working. Urgent investigation of actual number of cases is underway but this may be indicative of the situation in other camps also. One of the reasons for this may be the reduction in food assistance to the refugees.

However, as this report is being written, it is encouraging to note that one of the major food donors has advised of an increase in food aid to the refugees. It is hoped that this trend will continue.

As mentioned earlier, due to continuous funding support of U.S State Department Bureau for Refugee Programmes, this project did not face any critical problems in implementing its programme and was able to continue its Medical and Administration programmes at the same level as previous years. Also verbal approval has been received for 1990/91 funding, for which we thank U.S State Department and S.A.W.S.O.

Finally, the project extends its gratitude to the U.S State Department Bureau for Refugee Programmes for their kind and continuous support in the past, present and hopefully in future.